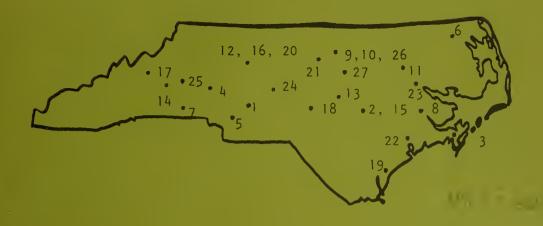




NORTH CAROLINA CANCER REGISTRY ANNUAL REPORT 1975



PARTICIPATING CANCER PROGRAMS

CABARRUS MEMORIAL HOSPITAL	1	HIGHSMITH-RAINEY HOSPITAL	1 !
CAPE FEAR VALLEY HOSPITAL	2	MEDICAL PARK HOSPITAL	16
CARTERET GENERAL HOSPITAL	3	MEMORIAL MISSION HOSPITAL	13
CATAWBA MEMORIAL HOSPITAL	4	MOORE MEMORIAL HOSPITAL	18
CHARLOTTE MEMORIAL HOSPITAL	5	NEW HANOVER MEMORIAL HOSPITAL	19
CHOWAN HOSPITAL	6	N.C. BAPTIST HOSPITAL	20
CLEVELAND MEMORIAL HOSPITAL	7	N.C. MEMORIAL HOSPITAL	2
CRAVEN COUNTY MEMORIAL HOSPITAL	8	ONSLOW MEMORIAL HOSPITAL	22
DUKE HOSPITAL	9	PITT COUNTY MEMORIAL HOSPITAL	2
DURHAM COUNTY GENERAL HOSPITAL	10	RANDOLPH HOSPITAL	2
EDGECOMBE GENERAL HOSPITAL	11	VALDESE GENERAL HOSPITAL	2!
FORSYTH MEMORIAL HOSPITAL	12	VETERANS ADMINISTRATION HOSPITAL	26
GOOD HOPE HOSPITAL	13	WAKE COUNTY MEDICAL CENTER	2
	2.1		



NORTH CAROLINA CANCER REGISTRY ANNUAL REPORT

1975

BENJAMIN S. SHEPARD - PROGRAM MANAGER

JOHN E. ALLEN - COMPUTER SYSTEMS ANALYST

EDNA P. RAYNOR - ADMINISTRATIVE ASSISTANT

RAY SHACKELFORD - ADMINISTRATIVE ASSISTANT

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DIANNE A. COUNCIL - SECRETARY

NORTH CAROLINA DEPARTMENT OF HUMAN RESOURCES

DIVISION OF HEALTH SERVICES

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NORTH CAROLINA CANCER REGISTRY

Responding to numerous requests from physicians throughout the state, in 1968 the Governor's Commission To Study The Cause And Control Of Cancer In North Carolina asked the North Carolina Regional Medical Program to sponsor development of a central cancer registry. Initial funding for the project was provided by R.M.P., and administrative and fiscal responsibility for the registry was later assumed by the Division of Health Services in 1970-71.

The purpose of the North Carolina Cancer Registry is to facilitate improvement of cancer patient care by helping hospitals establish and operate cancer registries as a part of their total cancer programs.

The central registry provides the hospital registries with abstract and follow-up forms, trains hospital registrars, provides annual and special reports, and is an important source of data for clinicians, epidemiologists, medical schools and health departments. Each year requests increase for information concerning the demographic characteristics, diagnosis, treatment, and survival rates of cancer patients. Consequently, as more and more cases are accessed into the central registry data bank, it becomes an increasingly valuable resource for meeting this demand.

The North Carolina Cancer Registry sponsors an annual Cancer Registry

Symposium (when funds are available) to which liaison physicians and

hospital registrars from all local registries in the state are invited.

Lectures are presented by cancer authorities on specific types and sites of

cancer. Panel discussions are conducted which allow participants to review

cancer programs in their hospitals and to discuss problems. Abstracting and follow-up workshops are also provided for the registrars.

There are 23 hospitals currently participating in the Registry, although data has not been accessed for 1974 and 1975 from two medical centers because the development of new computer systems at the medical centers has caused delays; however, we are hopeful that these several thousand cases can be accessed with the 1976 data for next year's annual report. Although the Registry cannot provide statewide cancer incidence data, it does provide a good sample of the cancer experience in North Carolina.

The central registry will continue to do a periodic "death-match," a procedure matching registry patients with the death certificates in the Vital Records Branch. Hospital registrars are notified of patient deaths from their hospital cases, which saves time and effort of searching for the information on the deaths and allows for cancer deaths to be recorded as soon as possible, thus improving the quality of survival data by keeping it more current.

In 1976 an Advisory Council To Study The Cause And Control Of Cancer became active. The Council, appointed by the Secretary of Human Resources, serves in much the same capacity as did the Governor's Commission, which was dissolved in 1973. The current chairman of the Council is Dr. James F. Newsome of Chapel Hill, and one of the first priorities of the Council has been the study of the central registry, focusing on ways to improve its overall effectiveness. Toward this end, the Council has established an ad hoc subcommittee chaired by Dr. Margaret Nelsen of Chapel Hill, and including Dr. David Deubner of Durham and Dr. Michael Sterchi of Winston-Salem, who are visiting some of the registry hospitals with

central registry staff to provide special reports and increased involvement of the local medical staff in their hospital registries. The subcommittee has also been very active in the planning and program presentation of the 1977 Cancer Registry Symposium at Southern Pines.

A special feature of this year's annual report is a map of the ascertainment pattern of the central registry obtained by matching the registry file with 1975 resident cancer deaths. Dr. Deubner has written the description which accompanies the map.

We wish to express special thanks to the Public Health Statistics

Branch for its continued support and activity in behalf of the central registry; without the efforts of those workers, the registry could not exist. We are grateful for the interest and direction provided by Dr. Newsome and the Council, and especially for the appointment of the hard-working ad hoc subcommittee. The North Carolina Division, American Cancer Society has provided so much encouragement and support to the registry over the years that it seems as if the A.C.S. is just another member of the registry family; we continually rely upon and are indebted to the A.C.S. staff.

The Annual Report is composed of three sections: Section I deals with the utilization of the central registry; Section II contains the annual and cumulative tables for the total registry experience; Section III is available only to those individual hospitals providing registry data and is composed of annual and cumulative tables.

REGISTRY HOSPITAL LIAISON PHYSICIANS AND LOCAL CANCER REGISTRARS

Cabarrus Memorial Hospital (Inactive, 1973)

Carteret General Hospital (Inactive, 1974)

Catawba Memorial Hospital Ira E. Bell, M.D. Brenda Martin

Charlotte Memorial Hospital Harold Hamit, M.D. Julia Hatch Debbie Smith

Chowan Hospital Landis Voigt, M.D. Mary Simpson

Cleveland Memorial Hospital Avery McMurry, M.D. Connie Davis

Craven County Hospital
James N. Blackerby, M.D.
Alice Parkerson
Doris Garner

Cumberland County Hospital Authority Charles Wells, M.D. Betty Lou Whitman

Duke Hospital John Laszlo, M.D. Lou Woods

Durham County General Hospital James Davis, M.D. Blanche Sellars

Edgecombe General Hospital James M. Kelsh, M.D. Joyce Winchester

Forsyth Memorial Hospital Elms L. Allen, M.D. Doris Moore Wanda Manuel

Good Hope Hospital, Inc. E.S. Dummit, M.D. Susan Tripp Grace Hospital, Inc. (Inactive, 1975)

Medical Park Hospital Robert E. Nolan, M.D. Lori Zollicoffer

Memorial Mission Hospital (Inactive, 1973)

Moore Memorial Hospital David G. Allen, M.D. Sister Anne Marie

New Hanover Memorial Hospital Lockert Mason, M.D. Katherine Watts

N.C. Baptist Hospital Charles L. Spurr, M.D. Delores Synder Sherry Smith

N.C. Memorial Hospital James F. Newsome, M.D. Jean Burnette

Onslow Memorial Hospital Walter D. Gable, M.D. Ellen Bowen Del Murphy

Pitt County Memorial Hospital Howard Gradis, M.D. Shelba Swiggard

Randolph Hospital E.D. Shackelford, M.D. Elizabeth Thompson

Valdese General Hospital E.R. White, M.D. Gennie Bost Agnes R. Burns Louise Garrison

V.A. Hospital R.W. Postlethwait, M.D. Betty Howell

Wake County Medical Center Laurin J. Kaasa, M.D. Lynn Hawkins

SECTION I

UTILIZATION OF THE REGISTRY



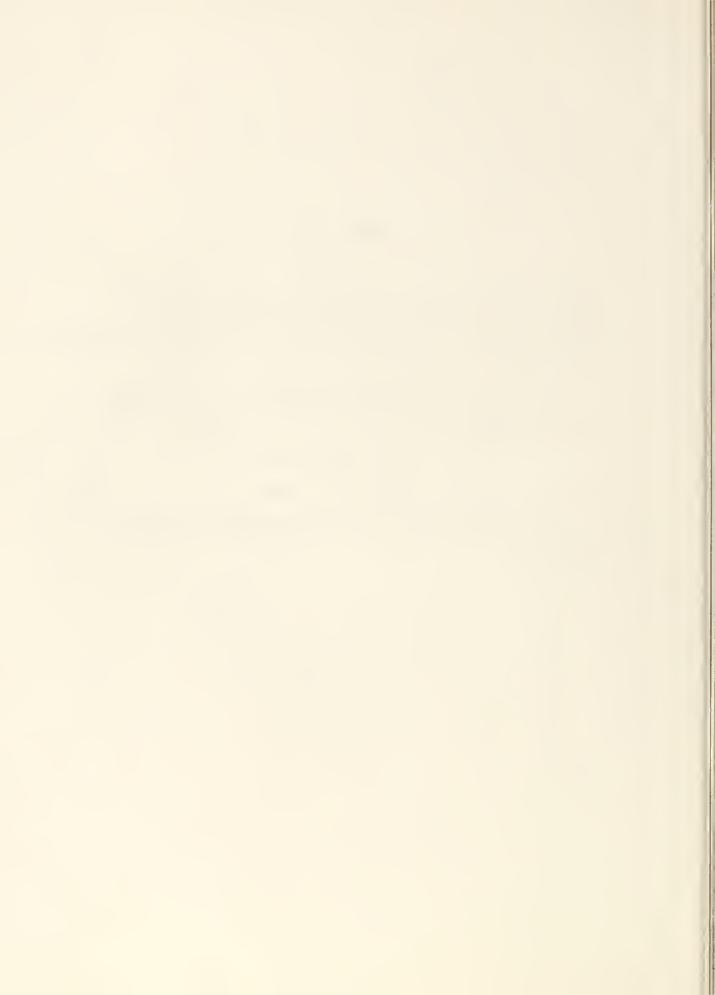
UTILIZATION OF THE CENTRAL REGISTRY

The Cancer Registry is an extremely valuable resource in cancer research and program planning. A central registry is particularly useful because the amount of cancer data generated by individual hospitals is often too limited to be statistically reliable. Also, through data processing, rapid tabulation and analysis of cancer data can be provided to the participating hospitals.

The staff of the Cancer Registry welcomes special requests for cancer data. These data are provided free of charge. Such requests, preferably in writing, should be directed to:

Cancer Program Manager P.O. Box 2091 Raleigh, N.C. 27602

The following list of special requests received during the last year serves as an example of the kinds of data the Registry can provide.



LIST OF SPECIAL REQUESTS

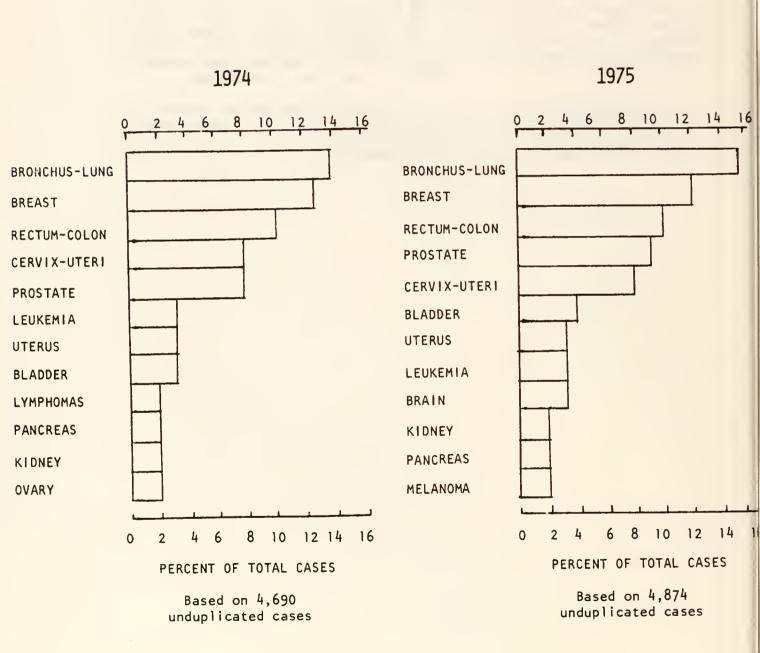
- 1. Special study of five leading sites of cancer for 1974 compared to same for 1970-1973 cumulative for a local hospital.
- 2. Cancer morbidity by site of disease for North Carolina residents made by Region L, Area Health Planning.
- 3. Incidence of head and neck cancers by county of residence with accompanying surgical procedures. Duke University Medical Center.
- 4. Special study of colon-rectum cancer. Bowman Gray School of Medicine.
- Surgical procedures for breast cancer patients at six selected hospitals.
- 6. Comparison of 1974 discharges at a local hospital with same for all registry hospitals combined.
- 7. Diagnostic listing by stage of disease and treatment for a local hospital.
- 8. Number of single and double mastectomies in North Carolina per year, Hanes Corporation.
- 9. Analysis of cervical cancer showing stage, treatment, and survival at a local hospital and for North Carolina.
- 10. Survival rates for cancer of breast and cervix by stage.
- 11. Special study of ovarian cancer. Bowman Gray School of Medicine.
- 12. Special study of ovarian cancer for eight selected hospitals.
- Special study of five leading sites of cancer at a metropolitan hospital.
- 14. Study of cancer of the endometrium in North Carolina by year and age. North Carolina Memorial Hospital.
- 15. Incidence of five leading sites of cancer for a local hospital.
- 16. Median age of cervical cancer patients by stage of disease and survival by stage.
- 17. Study of colon-rectum cancer for a local hospital.
- 18. Investigation of childhood rhabdomyosarcoma. Duke University Medical Center.
- 19. Incidence of cancer for ten selected counties in North Central North Carolina.

- 20. Histological types of cancer for cancer of the nasal passage by geographical region. University of North Carolina School of Medicine.
- 21. Survival rates for cervical cancer patients treated with radium implantation versus surgery.
- 22. Survival rates for the leading sites of cancer at a local hospital.
- 23. Number of laryngectomies performed in North Carolina in 1975. Duke University Medical Center.
- 24. Incidence of cancer by site of disease for five selected counties in North Carolina. DuPont, Incorporated.
- 25. Survival for regional disease by treatment for all solid tumors. N.C. Division of Health Services.
- 26. Percentage of all cancer patients having surgery which caused facial ablation. Duke University Medical Center.
- 27. Survival rates for choriocarcinoma. N.C. Division of Health Services.

The two graphs on the following page illustrate the twelve leading sites reported to the Central Registry in 1974 and 1975. As can be seen in both graphs, bronchus-lung is the most common site of cancer reported. Breast and rectum-colon are the second and third leading sites. Prostate moved to fourth leading site for 1975. Skin melanoma and brain appeared in the twelve leading sites in 1975 after not appearing in 1974.

Also included in this section are copies of the abstract and followup forms used by the Hospital Cancer Registry. These documents indicate the type of information sent to the Cancer Registry on each case recorded by the registrars at the participating hospitals.

LEADING PRIMARY SITES REPORTED TO NORTH CAROLINA CANCER REGISTRY



OBSERVED SURVIVAL RATES FOR THE FIVE LEADING SITES OF CANCER BY STAGE OF DISEASE

The following survival graphs display observed survival as opposed to relative survival among the patients studied.

The "observed survival rate" is a measure of the percentage of patients alive at the end of a specified interval of observation after the date of diagnosis. The survival rate observed in a group of patients reflects mortality not only from cancer but also from all other causes. The risk of dying from causes other than the specific cancer under study varies with length of observation, with the sex and age characteristics of the patient group, and with calendar time.

The "relative survival rate" adjusts for "normal" mortality and thus makes possible meaningful comparisons of the survival experience of groups of patients that differ with respect to sex, age, and period of observation.

An illustration of the effect of adjustment for "normal" mortality is provided by a comparison of the age specific observed and relative survival rates for patients with rectum cancer. Among persons under 45 years of age at diagnosis, "normal" survival expectation is high -- 95 percent will live more than ten years. In contrast, the "normal" survival expectation for persons over 75 years of age is much lower -- only 20 percent will live more than ten years.

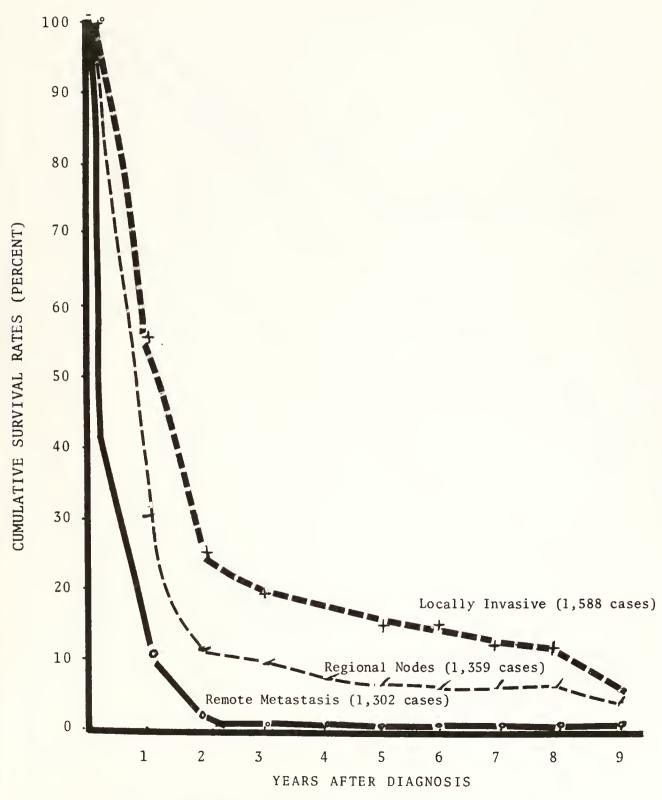
NOTE: Definitions of "observed survival rate" and "relative survival rate" are from End Results in Cancer, Report No. 4, 1972.



OBSERVED SURVIVAL RATES - LUNG CANCER BY STAGE OF DISEASE AT DIAGNOSIS

N.C. CANCER REGISTRY HOSPITALS

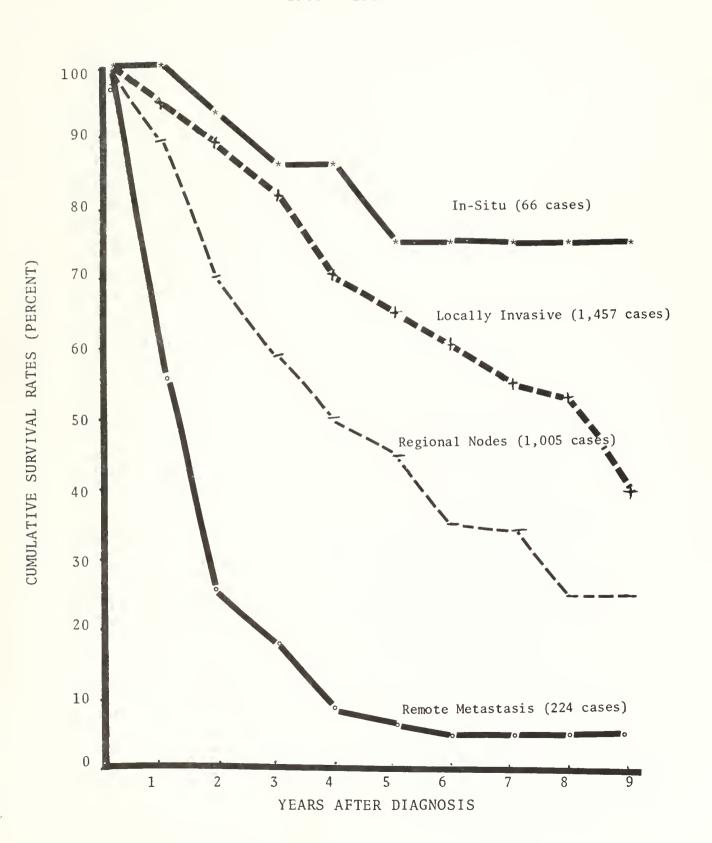
1968 - 1975



NOTE: CASES STAGED IN-SITU TOO SMALL FOR INCLUSION.



OBSERVED SURVIVAL RATES - BREAST CANCER BY STAGE OF DISEASE AT DIAGNOSIS N.C. CANCER REGISTRY HOSPITALS 1968 - 1975



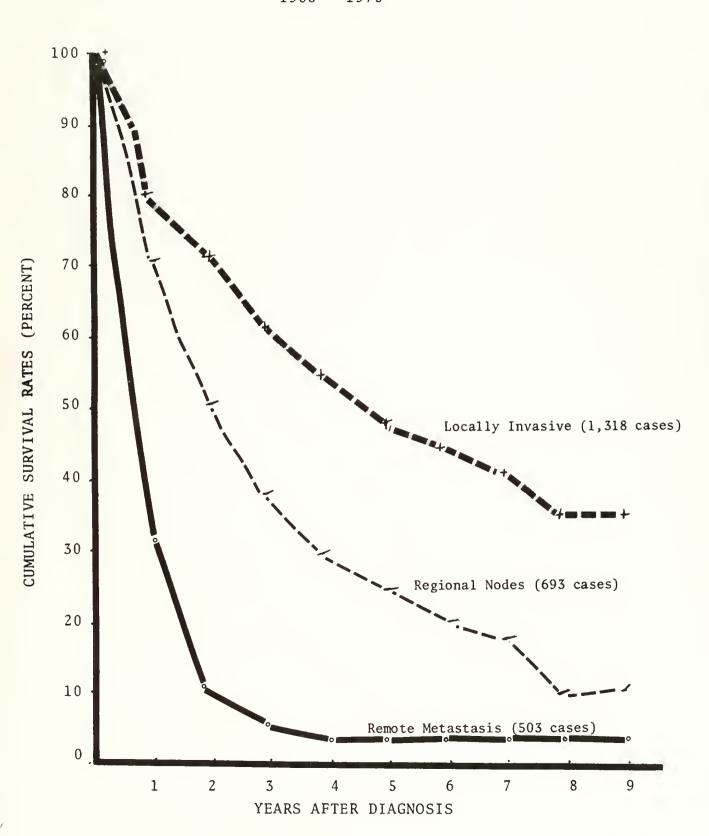


OBSERVED SURVIVAL RATES - COLON-RECTUM CANCER

BY STAGE OF DISEASE AT DIAGNOSIS

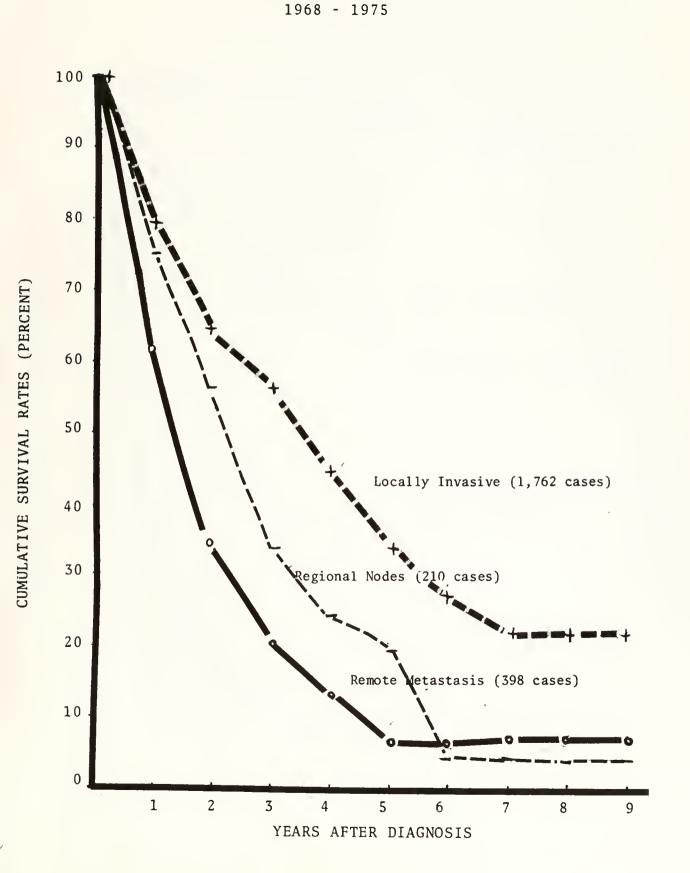
N.C. CANCER REGISTRY HOSPITALS

1968 - 1975



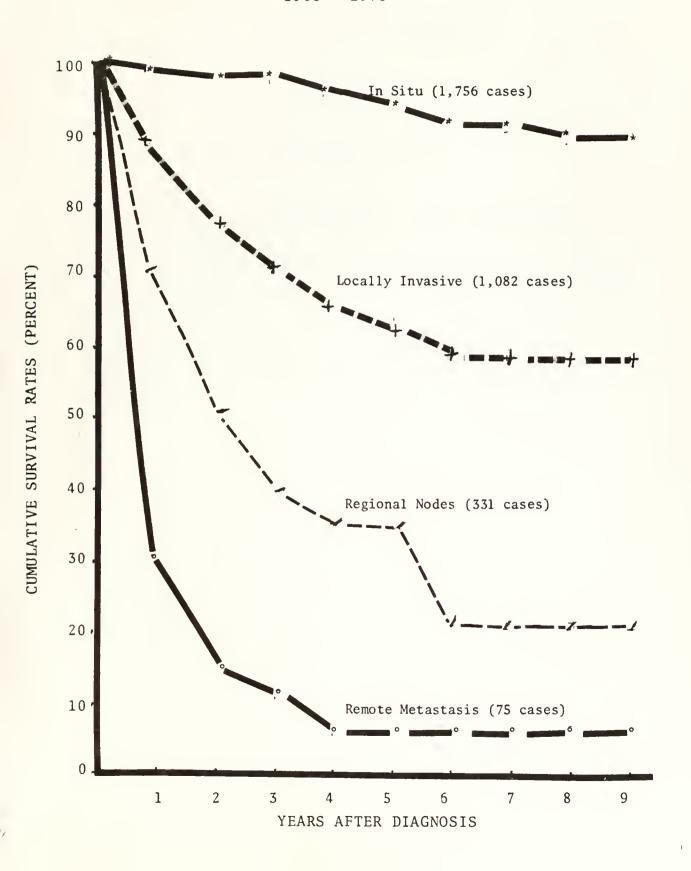


OBSERVED SURVIVAL RATES - CANCER OF PROSTATE BY STAGE OF DISEASE AT DIAGNOSIS N.C. CANCER REGISTRY HOSPITALS





OBSERVED SURVIVAL RATES - CANCER OF CERVIX BY STAGE OF DISEASE AT DIAGNOSIS N.C. CANCER REGISTRY HOSPITALS 1968 - 1975

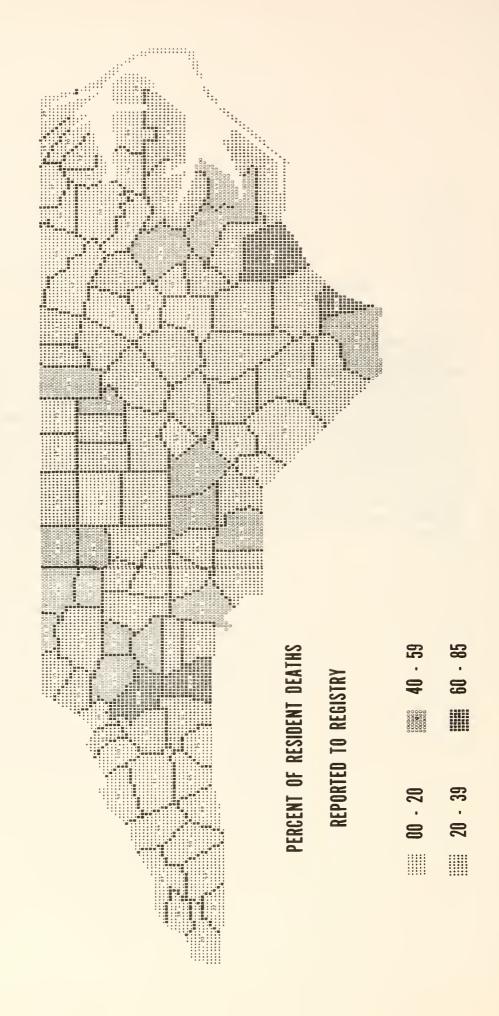




1975 CANCER DEATHS ENTERED IN CENTRAL REGISTRY

The proportion of the counties' cancer fatalities registered with the central tumor registry indicates the completeness of cancer registration. Mapping these proportions demonstrates the low uniformity of registration across the state. Counties with high rates of registration -- Burke, Cleveland, New Hanover, and Onslow have a tumor registry hospital which is distant from competing non-registry forces of cancer care. The low rates of registration in the far northeast and the southwest probably represent a combination of few registry hospitals and the referral of cancer patients to hospitals in Virginia, Tennessee, and Georgia. None of the other counties with a registration rate of less than 20 percent contains a tumor registry hospital, which is the likely explanation of the low rate.

1975 CANCER DEATHS ENTERED IN CENTRAL REGISTRY



CANCER REGISTRY ABSTRACT Division of Health Services P.O. Box 2091, Raleigh, N. C. 27602

					1911, 11. 0				
NAME:		First		Middle I I		i yaiden i			cial Security Number
ADDRESS:	et No./RFD		1 t y	Сопи		State			spital File Number
PLACE OF BIRTH:	County	State	BIR	TE OF RTH:	fon th	Dαγ	Year	Ŋa	me of Hospital
AGE:	RACE:	□ l-white □ 2-Negro	□ 3- ndi □ 4-othe	i cr	- v .	-male -female	STATUS MENOPAU	OF ISE:	□ l-premenopause □ 2-postmenopause
EDUCATION: (circle highes		·	0 1		-	88	high schoo	4	college 2 3 4 or 5 ⁺
DATE OF ADMISSION:	Month	Day		Year	DATE OF DISCHAR	Mont	: h	Da	ay Year
HOW LONG HAS HAD THESE SYM		no. of months			□ unk				
WAS THIS CANO DIAGNOSED BEF	ER POSITIV	VELY ADMISSION:	□ 0-No □ I-Yes	S	Yes, specify				
HAS PATIENT E TREATED FOR T			□ 0-No □ I-Yes		Yes, specify	y where and	date		
DIAGNOSIS ON	DISCHARGE	:							Date of Initial Diagnosis
									Diagnosis Code((CDA-8)
STAGE OF DISE	ASE:	□ l-in situ □ 2-locally i			3-regional 4-remote m	netastasis		□ 5-di	iffuse disease
BASIS OF DIAG	GNOSIS:	□ 1-gross aut □ 2-histology	opsy		3-cytology 4-X ray		1	□ 5-c1	linical & other
HISTOLOGICAL									Histology Code (ACS)
EXFOLIATIVE C	YTOLOGY:								Cytology Code
		DESCRIBE:			-	DATE			
□ Su	rgery (All	procedures, inc	cluding bio	opsy)			☐ Chemot	therapy	
							□ Steroi	id/Horma	one
						p	□ Other		
□ Pre	e-Operative	Radiation							
C. Pos	st-Operativ	e Radiation					□ No Tre	atment	(specify reason)
							□ Patien	t Refus	sed
		□ l-no evid					□ 5-	-initia	al cancer
PATIENT ALIVI		□ 2-not fre			PATIE	ENT DEAD:	□ 7-	other,	, cancer present , free of cancer
IF DEAD, DAT	Month E:	D D	ay	Year	AUTOP	°SY	□ 0- □ 1-		□ 9-unknown
Name of p	erson submí	tting report		Name	e of attend	ing physici	an		Date of report
1064 Rev. 3/7	1								

ANNUAL FOLLOW-UP REPORT TO DETERMINE SURVIVAL OF CANCER REGISTRY PATIENTS

Name	of Patient:	File No.:	Birthdate:
Race:	Sex:	Diagnosis Code (ICDA):	Year Discharged:
Physi Physi return	* * * * * * * * * * * * * * * * * * *		Cancer Registrar: please return within 100 days to: CENTRAL CANCER REGISTRY DIVISION OF HEALTH SERVICES P.O. BOX 2091 RALEIGH, N. C. 27602
PATIENT ALIVE	Status: 1-Without evidence of cancer 2-With persistance of cancer 3-Alive, cancer status unknown Quality of survival, due to cancer: 1-Capable of normal activity, asymptomatic 2-Capable of normal activity, symptomatic 3-Unable to work 4-Severely disabled, terminal 9-Unknown Disposition: 0-No additional therapy indicated 1-Additional therapy indicated	 Surgery Radiation Chemotherapy Steroid/Hormo Other None Patient refused Unknown Description: 	one
PATIENT DEAD	Date of death:	e provide name and address of ph	e, cancer present e, free of cancer e, cancer status unknown cause of death hysician or hospital presently caring YOUR SIGNATURE BELOW AU-
			Authorization
	Signature of cancer registrar		

DHS Form 1956 (Rev. 6/76) N.C. DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH SERVICES

SECTION II

TOTAL REGISTRY EXPERIENCE



1975 COMBINED HOSPITAL REPORT

The following report is a detailed summary of the 4,874 1975 cancer cases accessed to the Registry from participating hospitals.

The number of cases is listed by primary site, race, sex, mean age, the number and percentage of cases in which the diagnosis was microscopically confirmed, stage, course of treatment and condition of patient on discharge.

Hospital staff members wishing to compare in detail any portion of their individual hospital cancer experience with this report are encouraged to request appropriate data from the Cancer Registry. Requests should be channeled through the hospital's liaison physician or cancer registrar.

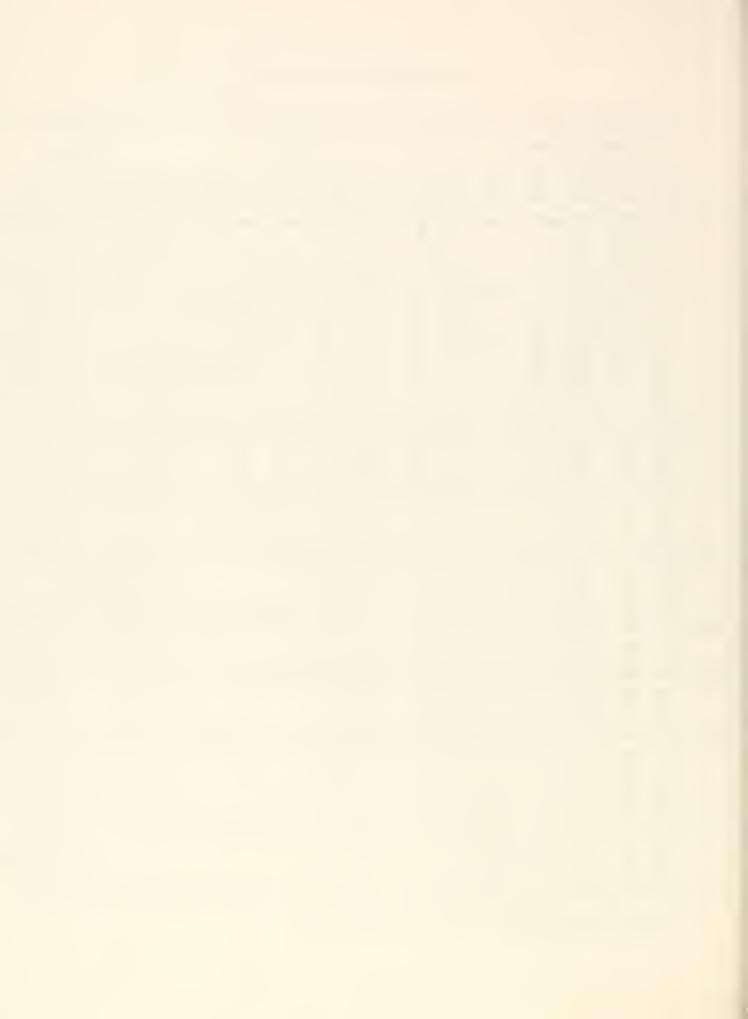
CASES ACCESSED TO NORTH CAROLINA CANCER REGISTRY

TOTAL REGISTRY HOSPITALS, 1975

			RACE	AND SE	×			HISTOL DIAG	OGICAL NOSES	
	[! !			
PRIMARY SITE	TOTAL :	WM	NWM	wF	NWF		1	NUM-		
TOTAL ALL SITES	4786	2050	531_	1766	437	2_	 58.8	4229	88.4	
BUCCAL CAVITY AND PHARYNX	l 206 1	130	31	40	5	^	150 0	 196	05.1	
140 LIP	26		1		0		59.7		100.0	
141 TONGUE	26	18	2	6	0		:	25		
142 SALIVARY GLAND	14	_	1	4	1		156.2		100.0	
143-149 OTHER BUCCAL	140	83_	27_	26	4-		158.7	131_	93.6	
DIGESTIVE ORGANS AND PERITONEUM	, J 821	344	121	277	78		-	747	91.0	
150 ESOPHAGUS	77		27	10	6	-	61.4	:	92.2	
151 STCMACH	92		29	19	7		164.6		91.3	
152 SMALL INTESTINE, INCLUDING DUDDENUM	12		1	4	0		160.3	•	100.0	
153 LARGE INTESTINE, EXCEPT RECTUM 154 RECTUM & RECTOSIGNOID JUNCTION	348 146		25 19	137 61	35 13		65.2		91 • 1	
155 LIVER & INTRAHEPATIC BILE OUCTS	1 17		1	4	4		55.8		94.5 94.1	
156 GALLBLADDER AND BILE DUCTS	19		ī	9	2		62.9	•	94.7	
157 PANCREAS	104	48	17	31	8		65.5	:	81.7	
158-159 OTHER DIGESTIVE	6_	0_	1_	2_	3_	_ 0_	152.5	16	100.0	
D550104700V 6V075V		•					1		70.0	
RESPIRATORY SYSTEM	837 75		134 15	124	14		61.4	660	100.0	
162 TRACHEA. BRONCHUS. & LUNG	749		118	114	14		60.0		76.5	
160.163 OTHER RESPIRATORY	13		1_	4	Q		168.1		92.3	
	!	l					I .	!		
BONE. CONNECTIVE TISSUE. SKIN. & BREAST			10				156.3	:	93.7	
170 BONE 171 CONNECTIVE & OTHER SCFT TISSUE	16 29		2 6		1 3		136.4		93.8 96.6	
172 MELANOMA OF SKIN	89		2		2		150.7		95.5	
174 BREAST	567			465			158.2		93.3	
	1	1					Ī	1		
	642			476				626		
180 CERVIX UTERI 182.0 CORPUS UTERI	397 1 1 141		0	264 124	133		42.3	:	98.2 96.5	
183 OVARY, FALLOPIAN TURE, BROAD LIGAMENT			0	61	11		58.9 57.2	:	95.8	
181.182.9.184 OTHER FEMALE GENITAL	32	:	Q_	27	5		158.3		96.9	
	1	l					1	1		
MALE GENITAL ORGANS	496		146	0	0		1	443		
185 PROSTATE 186:187 OTHER MALE GENITAL	459 37	:	145	0	-		170.9		88.7	
	 	1	3-	0_		×_	Tanas.	r38.	27.3	
URINARY ORGANS	288	184	22	66	16	0	62.0	272	94.4	
188 BLADDER	184	126	13	38	7	0	164.6	1 75	95.1	
189.0 KIDNEY, EXCEPT PELVIS	77		7	16	8		154.7		90.9	
189.1.189.2.189.9 OTHER URINARY	1 27	12_	2_	12_	<u>l</u>		1 <u>64.5</u> 1	27.	100.0	
OTHER AND UNSPECIFIED SITES	374	•	25	142	21	0	154.9		81.3	
190 EYE 191.192 BRAIN & NERVOUS SYSTEM	1 14	•	1	4	0		152.0		100.0	
193 THYROLD GLAND	139	•	6	54 21	6		49.6	-	82.7 92.9	
194 OTHER ENDOCRINE GLANDS	6	:	o	2	o		48.5		66.7	
195.199 ILL-DEFINED & UNSPECIFIED SITES	173	•	18_	61	11_		162.3			
		1					1	!		
LYMPHATIC AND HEMATOPOIETIC TISSUE 201 HDDGKINS DISEASE	421	•	40	134	31		55.1		77.0	
203 MULTIPLE MYELCMA	55		4 15	16 13	1 12		142.7	-	96.4 81.3	
204-207 LEUKEMIAS	143	•	15	51	6		53.8	*	67.8	
200.202.208.209 CTHER LYMPHATIC	<u> 159_</u>	•	6	54	12_		158.1	1	76.7	

TCTAL REGISTRY HOSPITALS. 1975

												 	С	DNDITI ON	ON
STAGE OF DISEASE								ĺ	DISCHARGE ALIVE						
SITU	INV	REG NODES	MET	DIFF		SUR- GERY	RAD	CHENO	HORM	5&R	OTH COMB	NONE	EVID	NOT FREE	DEA
324	2006	883	1151	366	1	1881	621	269	144	342	740	789	1506	2885	39
4	99	68	35	0	0	89	55	2	0	31	4	25	78	116	1:
1	18	6	1	0	0		1	1	0	1	0	1		5	
0	16 9	9	1 2	0	01		8	0	0	4	0	1		15	
3_	56	50	31_	0_	0		46	i_	o	22	4	22		92	
9	286	248	277	0	1	408	57	65	5	17	5.2	2171	220	402	10
1	28	24	24	o	0		37	2	0	5	52 2	217 18		492 58	10
0	21	37	33	0	1	38	1	8	1	2	5	37		62	1
0	6	5	1	0	0		0	1	0	0	0	1		6	
7	131 69	101	109 33	0	0		5 6	23 9	1	5 4	30 7	56 17		194	2
ō	10	2	5	ō	0	_	0	5	o	ō	í	10		14	1
0	9	4	6	0	0	10	0	2	0	0	2	5		12	
0	11	30	63	0	0		8	15	2	0	5	68		73	3
0_	å-		3_	0_	61	Q	0_	0	0		0_	5	00	5_	
2	316	220	299	0	0	191	280	46	11	48	70	191	132	593	11
0	60	14	1	0	0 [20	2	0	10	0	10	36	37	
2	250 6	204	293 5	0	0 0		257	0_	11 0_	36	69	180		547	10
X-			×-		¥1			×		2_				9_	
16	339	206	140	0	0		25	25	13	84	134	27	337	339	2
0 1	9 20	0	3 e	0	0		2	0	0	3	3	3		12	
5	52	15	17	0	0		0	3 6	0	3 2	2 12	2		11 36	
10_	258	187	112	Q	0		23	16	12	76	117_	18		280	2
270	258	49		•											
278 257	105	21	57 14	0	0		97 68	22 0	2	64	31	63 41		22 1 9 5	
14	112	8	7	0	o i		22	1	1	47	8	17		63	
0	21	15	36	0	0		1	20	1	8	18	3		52	
	20_	5	Q_	0_	0	20	6_	_ l	0		2	2]	20_	11_	
5	334	26	131	0	o	139	19	1	87	26	188	36	126	348	2
4	312	17	126	0	0		19	0	87	13	178	36		324	2
	22_	9	5_	0	0	13	<u> </u>		0	13_	10_		13_	24	
9	198	38	43	0	oi	203	8	3	3	26	15	30	146	131	1
8	144	19	13	0	0		7	2	1	16	1	19		77	
0	40	11 8	26 	0	10 10		0	1	0	8	11	9 2		40	
				X	<u>V</u>			¥				l		14_	
1	176	28	169	0	0		37	35	10	41	70	95	45	277	5
1	9 133	2	2 5	0	0 i		1 7	2	0 8	0	1	1		4	
0	31	7	4	0	0		2	0	0	28	49	16		112	2
0	2	1	3	0	0	1	0	1	o	0	3	1		4	
Q_	1-	17	155	0	0	16	27_	32	2	9_	14_	73	0_	143	3
o	0	0	0	366	0	9	43	70	13	5	176	105	10	368	4
			*5EE	BELCW	i	2	13	2	0	1	22	151		50	•
0	0	0	0	64	0 [2	2	2	0	49	8)		59	
0_	0	0	0	143 159	10 LO		3 25_	48	7	0	42 63	43		113	2
										STA		<u>391</u> UMBER	STAG	146_ E NU	MBER
*TH	E TOTA	L STAGE	CF D	ISEASE	BREA	KDCWN I	DDES N	OT INCL	UDE	1		10	6		8
		AL CLAS			WHIC	H ARE	TAGED	ACCORD	ING	2		1	7		2
										3		5 2	8 UNK		16 5
										5		6	0147		_



1968-1975 COMBINED HOSPITAL REPORT

The following report represents a detailed summary of all the cases accessed to the Cancer Registry from its beginning in 1968 through 1975.

The number of cases is listed by primary site, race, sex, mean age, number and percentage of cases in which diagnosis was microscopically confirmed, stage, course of treatment, and condition on discharge.

CASES ACCESSED TO NORTH CAROLINA CANCER REGISTRY TOTAL REGISTRY HOSPITALS: 1968 - 1975

			RACE	AND SE	×			HISTOL DIAG		
PRIMARY SITE	 TOTAL 	 WM	NWM	WF	NWF			NUM- BER	_	
_IQIALALL_SIIES	40886	16176	4607	15359	4586	158	157.1	36158_	88.4	
_144031-056-34451-00							i			
	2004		274	503	101			1940		
	212 323		5 7	21 79	16		58.9 59.2	805 805	95.4	
141 TONGUE 142 SALIVARY GLAND	176		16				-	175		
143-149 OTHER BUCCAL	1293	698	196.	336	58	5_	160.2	1249	96.6	
							1	<u> </u>		
	6508 663			2220	675 53		7	5707 591		
150 ESDPHAGUS 151 STOMACH	794	•		173			1	699		
	97			34			60.8	1		
	2482	934	223	1047	269	9	64.3	2245	90.5	
	1179	•		442				1102		
155 LIVER & INTRAHEPATIC BILE DUCTS	172	•		44				1 1 3 5		
	176 866	•	132	90 256			•	157 618		
	L79_	•	8				•	74		
- FXX1FX1-212	 	 								
RESPIRATORY SYSTEM	6566	4394	1170	802	162	38	159.9	5200	79.2	
	768	•	136				•	747		
	5573	•	991				1	4251		
160.163 CIHER RESPIRATORY	1 225	1116-	43	48	18	0_	15753	202	89.8	
BONE. CONNECTIVE TISSUE. SKIN. & BREAST	l 1 5882	734	98	4173	850	27	154.7	5480	93.2	
170 BONE	245			65				224		
171 CONNECTIVE & CTHER SOFT TISSUE	347	169	37	107	32	2	149.2	337	97.1	
172 MELANDMA OF SKIN	854	•	13				150.0	•	94.7	
174 BREASI	1-4436.	Ļ31_	9	3601	775	20	157.1	1-9110-	92.7	
FEMALE GENITAL CRGANS	I 6523	1 0	0	4444	2060	19	148.5	6239	95.6	
	4338						•	4163		
182.0 CORPUS UTERI	1065	0	0	898	159	8	160.4	1 1027	96.4	
183 CVARY. FALLOPIAN TUBE. BRDAO LIGAMENT	-	-						680		
181.182.9.184 CIMER_EEMALE GENITAL	1385_	1	Q	307	77.	1_	157.1	1 <u>369</u> _	95.8	
MALE GENITAL CRGANS	1 3689	 2493	1103	n	0	3	1 167.5	3236	87.7	
	3369	*					•	2922		
186.187 OTHER MALE GENITAL	320	268	51	0	0		138.9	314	98.1	
	1	!					1	1		
	2179	•						:		
188 BLADDER 189.0 KIDNEY. EXCEPT PELVIS	1312		106 59		70 57		54.3	1242		
189.1.189.2.189.9 CTHER URINARY	217_	-	14		12		162.8			
		1					Ī	1		
OTHER AND UNSPECIFIED SITES	•	1642	329		308			3096	85.6	
190 EYE	137	•	10		5		147.6			
191.192 BRAIN & NERVOUS SYSTEM 193 THYRDID GLAND	1323 359	Ī.	91 10		77 49		43.9	1 1142	86.3 94.7	
194 DTHER ENCOCRINE GLANDS	160	1	18		23		41.1			
195.199 ILL-DEFINED & UNSPECIFIED SITES	1_1639_	•	200		154			1 1354	82.6	
	1	Ţ					1	!		
LYMPHATIC AND HEMATOPOLETIC TISSUE	3917	1	380		291			3278	83.7	
201 HODGKINS DISEASE 203 MULTIPLE MYELOMA	631	:	57		38 81		40.6 63.6		93.3 75.0	
204-207 LEUKEMIAS	543	•	105 124		84			1 1064	79.0	
200.202.208.209 OTHER LYMPHATIC	1 1396	-						1_1218		

STAGE OF DISEASE									TRE	CONDITION ON DISCHARGE ALIVE						
	NI SITU	LOC	REG NGOES	REM MET	DIFF	UNK	SUR-	RAD	CHEMO	HORM	SER	OTH COMB	NONE	EVID	NOT FREE	DEAD
	2669	17332	7862	8812	3286	294	15134	6451	2335	1098	2839	5771	7258	13534	23730	3622
	41	1035	688	230	0	10		591	25	1	235	51	256	:	1021	94
	13	158 176	29 108	10 33	0	2		9 101	2 3	0	11 33	2 10	48		33 166	3 19
	1	93	57	24	0	1		12	2	0	30	3	12	:	69	4
	23_	608	494	163	0_	5		469	18_	1	161	36	189	472	753	68
	00	25.05	1 66 0	1000	•	27	7114	533	457	7.0	154	207	1070	1050	3636	074
	99 3	2585 338	1868 180	1929	0	27 1		532 294	453 5	30 3	154	387 17	172	1959	3575 464	974 115
	8	199	318	265	0	4		38	69	5	13	39	299		517	135
	0	48	28	21	0	0		3	2	1	3	4	27		49	19
	51 35	1066 563	680	677	0	8 3		34 87	165 56	3	25	200	366		1166	232
	0	74	30 l 29	277 65	0	4		1	29	3 2	33	70 8	187 119	:	526 97	102 70
	1	70	58	47	o	0		6	12	0	2	7	75	7	96	48
	1	204	255	401	0	5		55	105	12	1	36	573	1	605	242
	<u>Q</u> _	23_	19_	35.	0_	2.	22_	14_	10	1_	6_	6_	20	ļ13_	55	11
	48	2648	1909	1915	0	46	1414	2375	254	51	480	455	1537	 1198	4564	804
	33	560	151	24	0	0		236	5	0	126	10	123		371	23
	14	1964	1709	1845	0		1088	2073	243	51	329	423	1366	:	4040	755
	1_	124	49_	46.		5	L60_	64	6		25_	22	48	<u> 46</u>	153	26
į.	130	2665	1655	1425	0	7	1 1 3102	378	237	201	656	883	425	3027	2652	203
	2	152	37	54	0	0	85	44	1.1	1	23	32	49		148	12
	5	209	55	76	0	2		28	27	1	32	37	35		162	17
	44 	469 1835	132 1431	208 _1087	0	1 4	•	15 291_	61 138	2 _197_	7 594	107 707	88 253	520 2254	310 _2032	24 150
				-4441.	×-		 									
	2247	2826	714	712	0	24		1589	210	20	448	380	864	3494	2892	137
	2140	1537	459	192	0	10		1200	21	2	104	79	612	:	1710	53
	52	832 233	74 120	103 370	0	8		26 1 46	11 162	14	244 86	80 186	115 83	I .	507 508	18 52
	51	224	61	47.	<u> </u>	2		82	16	1	14	35	54	:	167	14_
														!		
	37	2469	355 296	812	0		1034	113	39	590	143	1373		1 088	2355	246
	32 5_	2280 189	59	745 67	0 0_	16		92 21	25 14	589 1	62 81	1320 53	378 19		2194 161_	239 7
	51	1452	303	367	0		1364	134	25	20	227	173		1032	1026	121
	46	1008 314	164 95	93 235	0	1 5		81 36	11 12	2 18	136 77	43 110	112 99		572 361	64 46
	4	130	44	39		0		17_	2	0_	14	20	25		93_	11
							1							1		
	16	1652		1422		158		355	266	55	350	564	928	1	2386	561
	6	102	11	16 80		2 9	-	6 93	9 24	0 19	11 220	10 254	13 183		52 866	204
	4	215	101	38		1	*	15	1	3	26	55	37		118	13
	0	121	16	23	0	0	40	19	5	7	13	58	18	*	73	14
	0_	70_	158	1265	0	146	220	222	227	26_	80	187	677	133_	1277	329
1	0	0	0	0	3286	0	 149	384	826	130	146	1505	777	176	3259	482
	·	•	•		BELOW	·	36	125	74	6	60	224	106		538	38
	0	0	0	0	543	0	13	33	82	23	9	312	71	13	471	59
	0	0	0	0		0	:	22	467	68	0	458	327		1049	271
	o	0_		0	1396	0	95	204_	203_	33	<u>77</u> 5TA	511	<u>273</u>		1201	114
	*T	HE TOTA	L STAG	E OF	DISEASE	BRE	AKDOWN	DOES N	OT INC	UDE	1		71	51AG	יר ואו	JMBER 78
	CAS	SES OF	HODGKI	N*5 C	ISEASE	. WHI			ACCOR		2		11	7 20		
5	TO	CLINIC	CAL CLA	SSIFI	CATION	•					3		72	8		22
11											5		26 47	UNK	1	84
											5	,	4 /			

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